12/11/2018 1:32PM FAX 84	34482886			04/0012
STATE OF SOUTH CAROLI	INA	`	280	718
STATE OF SOUTH CAROLI	ILSAN	)	BEFORE THE	
(Caption of Case)		) PUB.	LIC SERVICE COMMISSION	Į.
Example: Application for a Class C Cl	harter Certificate from	)	OF SOUTH CAROLINA	
John Doe dba Doe's Limo		) TRAN	SPORTATION COVER SHEE	ET
. Dicmond To	21:110	)		_
	JU IXI	) DOCKET		
		) NUMBER	2:0010 -010 -	_
· ·		) If this is your first	time filing an application with the PSC, y	ou will no
			mber. The Commission will assign one to commission before, a Docket Number w	
		) and should be ente		as assigned
(Please type or print) Surinder Singh Submitted by:		Telephone:	843-446-5676	The White the Commission of th
Address: 5099 Capulat Circle	Y	Fax:	843-448-2886	
Myrife Beach, SC		Other:		The same of the sa
29588		Email: robbi	esingh1@aol.com	
NOTE: The cover sheet and information	on contained herein neither rep	laces nor supplements t	he filing and service of pleadings or of	her papers
as required by law. This form is requi- be filled out completely.	red for use by the Public Service	ce Commission of Sout	n Caronna for the purpose of docketing	g and must
	NATURE OF ACTIO	N (Check all that a	pply)	direction as a second dispersion of the control of
Application - Class A/A Restric	oted RECEIV	F	Request for Name Change on Certifi	cate
Application - Class C Taxi	DEC 1 0 2	018	Lequest to Amend Scope of Authorit	У
Application - Class C Charter	PSC SC PSC SC CLERK'S OF	FICE R	equest to Amend Tariff (rate increa	se, etc.)
Application - Class C Charter E	lus CLERK'S OF	R	equest to Amend Passenger Limit	
Application - Class C Non-Eme	ergency	☐ R	equest	
Application - Class C Stretcher	Van	E	xhibit	
Application - Class E Househol	d Goods	L	ate-Filed Exhibit	
Application - Class E Hazardou	s Waste	L	etter	
Application		P	roposed Order	
Request for Extension to Comp	ly with Order	P	ublisher's Affidavit	
Request for Order Granting Aut		e 🔲 R	eservation Letter	
of Public Convenience and Nec	-	R	esponse	
Request for Cancellation of Cer	tificate	R	eturn to Petition	
Request for Suspension			Other:	-
Request for Reinstatement				

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 Executive Center Drive, Suite 100

Columbia, South Carolina 29210

Phone: (803) 896-5100

Fax: (803) 896-5199

# APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

	Date:	8/28/2018
C	LASS C - TAXI	
	oplication is hereby made for a Certificate of Public Convenience and Ne S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.	cessity, in accordance with the provision
		ł
1.	Dicorond Toxi (LC	
	Name under which business is to be conducted (corporation, partnership, or sole	proprietorship, with or without trade name.)
	5099 Capulet Circle Myrtle Beach, Se	C 29588
	Street Address of Applicant	
	Mallian Address & Anglian A (16 456 and 2	
	Mailing Address of Applicant (if different from	•
_	843-446-5676 Phone	843-448-2886
	•	Fax
	robbiesingh1@aol.com Email Address	
٠		•
2.	If the Applicant is an LLC or a corporation, a copy of the Certificate of a Secretary of State and the Articles of Incorporation must be attached. (If it Carolina Secretary of State "Foreign Corporation" Certificate.)	
3.	Select Entity Type: (Check one)	•
	☐ Partnership - List names and addresses of all person having an inter	est in the business.
	Corporation - List names and addresses of two principal officers.	
	•	

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

Assets:	•	<u>Liabilities:</u>		
Value of Real Estate		Mortgage/Loan on Real Estate		
Value of Motor Vehicles	\$27,500	Loans Owed on Motor Vehicles	\$2,200	
Cash on Hand	\$6,300	Business/Other Loans Owed		
Cash in Bank	\$3,800	Other Liabilities or Debts	\$700	
Value of Other Assets and Equipment	\$18,700 ,	Total Liabilities	\$2.900	
Total Assets	\$56300			

### **INSTRUCTIONS:**

- "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
- 2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
- 3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
- 4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
- 5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
- 6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
  - 7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
  - 8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
  - "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate
    knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills
    such as electricity bills, security system costs, insurance, salaries, etc.

### PROPOSED RATES AND CHARGES FOR SERVICE

<b>Proposed</b>	Rates	<u>and</u>	Char	ges:
SO SOMIO				

Charleston

Fairfield

				permission to operate
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.				
admortly if you in			aoma.	
Abbeville	Cherokee	Florence	Lee	Saluda
Aiken	Chester	Georgetown	Lexington	Spartanburg
Allendale	Chesterfield	Greenville	Marion	Sumter
Anderson	Clarendon	Greenwood	Marlboro 1	Union
Bamberg .	Colleton	Hampton	McCormick	Williamsburg
Barnwell	Darlington	Horry	Newberry	York
Beaufort	Dillon	Jasper	Ocones	
Berkeley	Dorchester		Orangeburg	Statewide
Calhoun	- Edgafield	□ I oppostor	Dickers	

Richland

### **DESCRIPTION OF EQUIPMENT**

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry; (The number of passengers a vehicle is equipped to carry is based on the number of <u>seatbelts</u> in the vehicle, including the driver's seatbelt.)

- 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
•			
	in no	70000	
	MILL	OSCIEMAST	
		et en	
		eth differents de alle a mee and a conference and assumpting a promotion of speciations of the second second conference and and	
			4.1.4
•	•		
	the transfer of the second sec		
•	•		
	•		

### INSURANCE QUOTE

### This form MUST BE COMPLETED.

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:	
Oichard Tox	ille
Name (	of Applicant
5099 Capulet Circle	Myrtle Beach, SC 29588
Address	of Applicant
Amount of Premium:	Limits Quoted: (See Below)
Liability Insurance \$ 2600	Limits \$25,000/50,000/25,000
The above quoted premium is for a term of12	months.
Minimum Limits - Intrastate Only:	
1-7 Passengers* \$ 25,000/50,000/25,08-15 Passengers* \$ 25,000/100,000/25,	including the driver's seatbelt
PHICE FINCACION + Notine of Ins	ST TO Surrance Company
8843-A WESTROMOTHUS	H.Florenesos (Company)

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

### NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

# ACCEPTED FOR PROCESSING - 2018 December 19 7:30 AM - SCPSC - 2018-396-T - Page 7 of 10

# Exhibit Fit, Willing, and Able (FWA)

	_ Diamore	Distalle	
		Name of Applicant	
			٠,
I		utstanding judgments against the Applicant?	
	· O Yes	No     No	
	If Yes, list judgements h	ere:	
	•		
		•	
			•
•			
2.	Is Applicant familiar with carrier operations in South statutes and regulations?	all statutes and regulations, including safety of his South Carolina, and does Applicant agree to	regulations and governing for-hire motor operate in compliance with these
	<ul><li>Yes</li></ul>	O No	
			1
3.	Is Applicant aware of the therewith?	Commission's insurance requirements and the	insurance premium costs associated
	Yes	O No ·	•

## **Exhibit on Driver Qualifications**

1.	Appli	Applicant understands that all drivers must be a minimum of 18 years of age.		
	•	Yes	0	No .
2.	and su		MV	tified copy of the driver's three (3) year driving record issued by the SC DMV of the state in which the driver is or has been domiciled for such period must business office.
	<b>©</b> .	Yes	0	No
<b>3.</b>		4		minal history background check from the state where the driver currently lives cant's business office.
	•	Yes	0	No
4.	their p		ating	ivers operating a vehicle under a Class C Taxi Certificate must have in a charter vehicle, a valid driver's license issued by the SC DMV or the current
	•	Yes	0	No
5.	vehicle	es to drivers who are	regist	ass C Taxi Certificate holders are prohibited from employing or leasing tered, or required to be registered, as sex offenders with the South Carolina or any national registry of sex offenders.
	•	Yes	0	No

### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 EXECUTIVE CENTER DRIVE, SUITE 100 COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the app	plicable box:
----------------------	---------------

	The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina
(C)	through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc
i Ai	mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc
	gov to create a My DMS account.

	The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South
لــا	Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Dirinder &	sem
Applicant's Signature	
Owner	
Title of Applicant (e.g. President, Owner, etc.)	

STATE OF SOUTH CAROLINA

COUNTY OF HOCKY

SWORN TO BEFORE ME

day of AND SUTE, 20/

Notary Public

Commission Expires March 31,0001

Diane G. Stringer Notary Public - South Carolina My Comm. Exp. March 31, 2021

**Print Application** 

# The State of South Carolina



# Office of Secretary of State Mark Hammond

### Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

DIAMOND TAXI LLC, a limited liability company duly organized under the laws of the State of South Carolina on December 13th, 2018, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Garolina this 13th day of December 2018

Mark Hammond, Secretary of State